

FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6853

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2305 E 12th St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community 23 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

ALBERT WELLINGTON WHITTED

3. (b) If veteran, name war

no

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jean Whitted 6. (c) Age of husband or wife if alive 27 years
Birth date of deceased Dec 9 1836
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 2 27 hr. min.

9. Birthplace Johnson Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painter & Carpenter

11. Industry or business

12. Name Andrew Jackson Whitted
13. Birthplace Not known
14. Maiden name Emma Jane Whitted
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Emma Jane Whitted
(b) Address 2305 E 12th St. Sedalia

17. (a) Burial (b) Date thereof 2-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunat Hill

18. (a) Signature of funeral director W. Warrenburg
(b) Address Warrensburg, Mo.

19. (a) 2/8/45 (b) Mr. Wm. Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2305 E 12th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1945 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Feb 2, 1945, to 7 at 7 that I last saw him alive on 7 at 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Embolism from fracture of left hip.
Due to 2-1-45

Due to

Other conditions: 186 18
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Feb 7 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home - fell
While at work? no (Specify type of place)
(e) Means of injury fall

23. Signature Wm. Berger (M. D. or other)
Address Sedalia Mo Date signed 2/8/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

Date Filed

2-8-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Earl Pruitt

Licensed Embalmer No. 3878

P. O. Address

Warrensburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.